


INTERNATIONAL FORM

BAYER Cropscience GmbH
Brüningstr. 50

65929 Frankfurt/Main

VIABILITY STATEMENT
issued pursuant to Rule 10.2 by the
INTERNATIONAL DEPOSITARY AUTHORITY
identified at the bottom of this page

I. DEPOSITOR		II. IDENTIFICATION OF THE MICROORGANISM	
Name: BAYER Cropscience GmbH Brüningstr. 50 Address: 65929 Frankfurt/Main		Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY: DSM 16264 Date of the deposit or the transfer ¹ : 2004-03-03	
III. VIABILITY STATEMENT			
The viability of the microorganism identified under II above was tested on 2004-03-04 ² . On that date, the said microorganism was (X) ³ viable () ³ no longer viable			
IV. CONDITIONS UNDER WHICH THE VIABILITY TEST HAS BEEN PERFORMED⁴			
V. INTERNATIONAL DEPOSITARY AUTHORITY			
Name: DSMZ-DEUTSCHE SAMMLUNG VON MIKROORGANISMEN UND ZELLKULTUREN GmbH Address: Mascheroder Weg 1b D-38124 Braunschweig		Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorized official(s):  Date: 2004-03-08	

- ¹ Indicate the date of original deposit or, where a new deposit or a transfer has been made, the most recent relevant date (date of the new deposit or date of the transfer).
² In the cases referred to in Rule 10.2(a) (ii) and (iii), refer to the most recent viability test.
³ Mark with a cross the applicable box.
⁴ Fill in if the information has been requested and if the results of the test were negative.

BUDAPEST TREATY ON THE INTERNATIONAL
RECOGNITION OF THE DEPOSIT OF MICROORGANISMS
FOR THE PURPOSES OF PATENT PROCEDURE



INTERNATIONAL FORM

BAYER Cropscience GmbH

Brüningstr. 50

65929 Frankfurt/Main

RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT
issued pursuant to Rule 7.1 by the
INTERNATIONAL DEPOSITARY AUTHORITY
identified at the bottom of this page

I. IDENTIFICATION OF THE MICROORGANISM	
Identification reference given by the DEPOSITOR: A.t.-ok1 pGEM	Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY: DSM 16264
II. SCIENTIFIC DESCRIPTION AND/OR PROPOSED TAXONOMIC DESIGNATION	
The microorganism identified under I. above was accompanied by: <input checked="" type="checkbox"/> a scientific description <input type="checkbox"/> a proposed taxonomic designation (Mark with a cross where applicable).	
III. RECEIPT AND ACCEPTANCE	
This International Depositary Authority accepts the microorganism identified under I. above, which was received by it on 2004-03-03 (Date of the original deposit) ¹ .	
IV. RECEIPT OF REQUEST FOR CONVERSION	
The microorganism identified under I above was received by this International Depositary Authority on _____ (date of original deposit) and a request to convert the original deposit to a deposit under the Budapest Treaty was received by it on _____ (date of receipt of request for conversion).	
V. INTERNATIONAL DEPOSITARY AUTHORITY	
Name: DSMZ-DEUTSCHE SAMMLUNG VON MIKROORGANISMEN UND ZELLKULTUREN GmbH Address: Mascheroder Weg 1b D-38124 Braunschweig	Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorized official(s): Date: 2004-03-08

¹ Where Rule 6.4 (d) applies, such date is the date on which the status of international depositary authority was acquired.



INTERNATIONAL FORM

Bayer Cropscience GmbH
Brünigstr. 50

65929 Frankfurt/Main

RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT
issued pursuant to Rule 7.1 by the
INTERNATIONAL DEPOSITARY AUTHORITY
identified at the bottom of this page

I. IDENTIFICATION OF THE MICROORGANISM	
Identification reference given by the DEPOSITOR: pMI50	Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY: DSM 16302
II. SCIENTIFIC DESCRIPTION AND/OR PROPOSED TAXONOMIC DESIGNATION	
The microorganism identified under I. above was accompanied by: <input checked="" type="checkbox"/> (X) a scientific description <input type="checkbox"/> () a proposed taxonomic designation (Mark with a cross where applicable).	
III. RECEIPT AND ACCEPTANCE	
This International Depositary Authority accepts the microorganism identified under I. above, which was received by it on 2004-03-19 (Date of the original deposit) ¹ .	
IV. RECEIPT OF REQUEST FOR CONVERSION	
The microorganism identified under I above was received by this International Depositary Authority on _____ (date of original deposit) and a request to convert the original deposit to a deposit under the Budapest Treaty was received by it on _____ (date of receipt of request for conversion).	
V. INTERNATIONAL DEPOSITARY AUTHORITY	
Name: DSMZ-DEUTSCHE SAMMLUNG VON MIKROORGANISMEN UND ZELLKULTUREN GmbH Address: Mascheroder Weg 1b D-38124 Braunschweig	Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorized official(s): Date: 2004-03-24

¹ Where Rule 6.4 (d) applies, such date is the date on which the status of international depositary authority was acquired.




INTERNATIONAL FORM

Bayer Cropscience GmbH

Brüningstr. 50

65929 Frankfurt/Main

VIABILITY STATEMENT
issued pursuant to Rule 10.2 by the
INTERNATIONAL DEPOSITARY AUTHORITY
identified at the bottom of this page

I. DEPOSITOR		II. IDENTIFICATION OF THE MICROORGANISM	
Name: Bayer Cropscience GmbH Brüningstr. 50 Address: 65929 Frankfurt/Main		Accession number given by the INTERNATIONAL DEPOSITARY AUTHORITY: DSM 16302 Date of the deposit or the transfer ¹ : 2004-03-19	
III. VIABILITY STATEMENT			
The viability of the microorganism identified under II above was tested on 2004-03-23 On that date, the said microorganism was (X) ³ viable () ³ no longer viable			
IV. CONDITIONS UNDER WHICH THE VIABILITY TEST HAS BEEN PERFORMED⁴			
V. INTERNATIONAL DEPOSITARY AUTHORITY			
Name: DSMZ-DEUTSCHE SAMMLUNG VON MIKROORGANISMEN UND ZELLKULTUREN GmbH Address: Mascheroder Weg 1b D-38124 Braunschweig		Signature(s) of person(s) having the power to represent the International Depositary Authority or of authorized official(s):  Date: 2004-03-24	

- ¹ Indicate the date of original deposit or, where a new deposit or a transfer has been made, the most recent relevant date (date of the new deposit or date of the transfer).
² In the cases referred to in Rule 10.2(a) (ii) and (iii), refer to the most recent viability test.
³ Mark with a cross the applicable box.
⁴ Fill in if the information has been requested and if the results of the test were negative.